



Parent Permission Letter

Dear Parent,

Your child has been chosen to participate in the Fairfax County Juvenile Mentoring Program offered through our school. In the program, your child will be matched with an adult volunteer mentor who will meet them at the local Fairfax County Community Center. The volunteer will act as a tutor in subjects specified by your child's teachers, as well as act as an adult role model and source of friendship and encouragement. The activities between your child and the mentor will be closely monitored and structured by the coordinator in charge of the program. The school feels that your child will greatly benefit from having another positive adult role model in their lives and hopes that the relationship will lead to increased academic performance, improved self-esteem, and enhanced emotional development.

The mentors that have volunteered for our program have been thoroughly screened and investigated by Fairfax County Mentoring Program agents. We respect your role as a parent and will provide every opportunity for you to meet with the mentor. We encourage you to be involved in the development of their relationship.

As your child progresses through the program, their teachers will monitor academic performance. This information will be used in a federal government evaluation of the effectiveness of mentoring across the country. All information gathered about the effect of the relationship on your child's school performance is strictly for the purposes of evaluating the program and will be kept confidential.

We feel that these caring adult volunteers will be making an excellent contribution to the quality of education in our school. If you agree that this would be a wonderful opportunity for your child, and would like for your child to participate in the program, talk about it with them. If they are comfortable with the idea of having a mentor, please grant your permission by signing below. Our Program Coordinator will soon be in contact with you regarding your child's new mentor.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

School Principal

I give permission for my child, _____, to participate in the JUMP Mentoring Program. I understand the nature and rules of the program's mentoring efforts and give my consent for the school to release my child's academic records for program evaluation. I reserve the right to withdraw from the program at any time.

(Parent / Guardian)

(Date)

Denise Straub
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